

CONTRACT AND ENCUMBRANCE INFORMATION SHEET

THIS SHEET MUST BE COMPLETED AND SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR, AND, IF APPLICABLE, THE HEALTH POLICY COORDINATOR, AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

1. Department Requesting Services: HEALTH DEPARTMENT
2. Preparer's Name, Telephone #, and E-Mail Address:
Johnathan Russell 544-7585 johnathan.russell@shelbycountyn.tn.gov
3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:
This is a contract between the M&SCHD and Tenn. Dept. of Health to provide HIV Rapid Testing services.
4. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:
Tenn. Dept. of Health
Cordell Hull Bldg.
425 5th Avenue North Nashville, TN 37243
VENDOR NO./FED ID NO. _____
5. COST OF ITEM OR SERVICE REQUESTED: \$74,600.00
6. TERM OF PROPOSED CONTRACT/AGREEMENT: 09/30/08 -09/29/09
7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) ****FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH****
518-400531 Revenue Contract
No Encumbrance Required
8. COMMODITY CODE: 961
9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE) :
****PLEASE ATTACH APPROVAL DOCUMENTS****
a. _____ Bid/RFP Process - # & Date TDH Contract
b. _____ Emergency/Sole Source _____
10. LOSB/MBE INFORMATION: Please check the appropriate description

____ MBE (MINORITY OWNED BUSINESS ENTERPRISE)
 ____ MALE _____ FEMALE
____ WBE (WOMEN OWNED BUSINESS ENTERPRISE)
____ LOSB (LOCALLY OWNED SMALL BUSINESS)
 ANNUAL SALES DOES NOT EXCEED \$3 MILLION

____ X N/A
11. SPECIAL INSTRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)

REVIEWED AND APPROVED BY:

DEPARTMENT HEAD DATE

HEALTH POLICY COORDINATOR DATE
(If Applicable)

DIVISION DIRECTOR DATE